

DOCKET NO.: PRES06-00208  
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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUN 10 2005  
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U.S. DEPARTMENT OF COMMERCE  
O I P E R J C 3 7  
The application of : Gene W. Zdenek et al.  
Application No. : 09/863,006  
Filed : May 22, 2001  
For : SCLERAL EXPANSION DEVICE HAVING DUCK BILL  
Art Unit : 3738  
Examiner : William H. Matthews

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INFORMATION DISCLOSURE STATEMENT**

Pursuant to the duty of disclosure under 37 C.F.R. § 1.56, Applicant submits this statement. This submittal is made in accordance with 37 C.F.R. §§ 1.97 and 1.98 and § 609 of the Manual of Patent Examining Procedure. The publication herein is listed below and on the attached Form PTO/SB/08B. A copy of the publication is submitted herewith.

**Publication**

Spencer P. Thornton, "Anterior Ciliary Sclerotomy (ACS), A Procedure to Reverse Presbyopia", Surgery for Hyperopia and Presbyopia, 1997, Pp. 33-36.

06/13/2005 SLUANG1 00000011 09863006

01 FC:1806

180.00 DP

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APPLICATION No.: 09/863,006  
PATENT

Applicant hereby expressly reserves the right to swear behind the effective dates of any of the above Patents and to question the relevance and materiality of the Patents and Publications listed herein, in whole, in part, or in combination, subsequent to filing this Information Disclosure Statement.

This Information Disclosure Statement is being transmitted after the mailing date of the Notice of Allowance. Therefore, Applicant encloses a check in the amount of \$180.00 for the Information Disclosure Statement filing fee.

Respectfully submitted,

DAVIS MUNCK, P.C.

Date:

June 6, 2005



William A. Munck  
Registration No. 39,308

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In re application of : GENE W. ZDENEK ET AL.  
Application No. : 09/863,006  
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Group No. : 3738  
Examiner : William H. Matthews

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL**

The undersigned hereby certifies that the following documents:

1. Postcard receipt;
2. Information Disclosure Statement;
3. Form PTO/SB/08B;
4. One (1) reference;
5. Fee Transmittal for FY 2005; and
6. Check in the amount of \$180.00

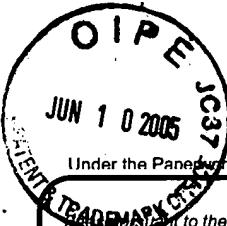
relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 7, 2005.

Date: June 7, 2005

Date: June 6, 2005

Kathy Hamilton  
Mailer  
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Effective on 12/08/2004.

Amendment to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

## Complete if Known

Application Number	09/863,006
Filing Date	May 22, 2001
First Named Inventor	Gene W. Zdenek
Examiner Name	William H. Matthews
Art Unit	3738
Attorney Docket No.	PRES06-00208

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-0208 Deposit Account Name: Davis Munck, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity Fee (\$)	Fee (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

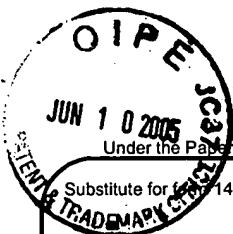
Other: Information Disclosure Statement \$180.00

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 39,308	Telephone 972-628-3600
Name (Print/Type)	William A. Munck	Date	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

### Complete if Known

Application Number	09/863,006
Filing Date	May 22, 2001
First Named Inventor	Gene W. Zdenek
Art Unit	3738
Examiner Name	William H. Matthews
Sheet <b>1</b>	of <b>1</b>
Attorney Docket Number	PRES06-00208

### NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	AA	Spencer P. Thornton, "Anterior Ciliary Sclerotomy (ACS), A Procedure to Reverse Presbyopia", Surgery for Hyperopia and Presbyopia, 1997, Pp. 33-36.	

Examiner Signature	Date Considered
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.  
This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:  
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